
From: IP (b) (6) @frenchangel59.com>
To: O'Rourke, Peter M. </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)>
Cc:
Bcc:
Subject: [EXTERNAL] FW: NYTimes: At Veterans Hospital in Oregon, a Push for Better Ratings
Puts Patients at Risk, Doctors Say
Date: Tue Apr 10 2018 07:26:46 CDT
Attachments: image001.jpg
image002.jpg
image003.jpg
image004.jpg
image005.jpg
image006.jpg

I'm not sure if you read this article.

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6) @mac.com]

Sent: Sunday, April 08, 2018 6:45 PM

To: IP; (b) (6) @gmail.com; (b) (6) @gmail.com

Subject: NYTimes: At Veterans Hospital in Oregon, a Push for Better Ratings Puts Patients at Risk,
Doctors Say

<https://www.nytimes.com/2018/01/01/us/at-veterans-hospital-in-oregon-a-push-for-better-ratings-puts-patients-at-risk-doctors-say.html?smprod=nytcore-ipad&smid=nytcore-ipad-share>

At Roseburg Veterans Affairs Medical Center, doctors and nurses said, hospital administrators reject high-risk patients in pursuit of a higher score.

Sent from my iPad

Bruce Moskowitz M.D.

U.S.

At Veterans Hospital in Oregon, a Push for Better Ratings Puts Patients at Risk, Doctors Say

By DAVE PHILIPPS

JAN. 1, 2018

Photo

Walter Savage, 81, an Air Force veteran, at a medical center in Roseburg, Ore. Mr. Savage was turned away from the veterans hospital there even though two doctors said he should have been admitted. CreditRuth Fremson/The New York Times

ROSEBURG, Ore. — An 81-year-old veteran hobbled into the emergency room at the rural Veterans Affairs hospital here in December, malnourished and dehydrated, his skin flecked with ulcers and his ribs broken from a fall at home.

A doctor examining the veteran — a 20-year Air Force mechanic named Walter Savage who had been living alone — decided he was in no shape to care for himself and should be admitted to the hospital. A second doctor running the inpatient ward agreed.

But the hospital administration said no.

Though there were plenty of empty beds, records show that a nurse in charge of enforcing administration restrictions said Mr. Savage was not sick enough to qualify for admission to the hospital. He waited nine hours in the emergency room until, finally, he was sent home.

“The doctors were mad; the nurses were mad,” said Mr. Savage’s son-in-law, Mark Ridimann. “And my dad, he was mad, too. He kept saying, ‘I’ve laid my life on the line, two years in Vietnam, and this is what I get?’”

The denial appeared to be part of an attempt by members of the Roseburg Veterans Administration Medical Center to limit the number of patients it admitted to the hospital in an effort to lift its quality-of-care ratings.

Fewer patients meant fewer chances of bad outcomes and better scores for a ranking system that grades all veterans hospitals on a scale of one to five stars. In 2016, administrators began cherry-picking cases against the advice of doctors — turning away complicated patients and admitting only the lowest-risk ones in order to improve metrics, according to multiple interviews with doctors and nurses at the hospital and a review of documents.

Those metrics helped determine both the Roseburg hospital’s rating and the leadership’s bonus checks. By denying veterans care, the ratings climbed rapidly from one star to two in 2016 and the director earned a bonus of \$8,120.

Join The New ‘At War’ Community

At War existed as a New York Times blog from 2009 to 2016. Stay informed about our re-launch and tell us what we should cover.

Current and former staff members say the practice may reach well beyond Roseburg. Recent government reports also challenge the reliability of the department's metrics, casting doubt on a key tool that it says it relies on for reforming its beleaguered health care system.

The hospital's director, Doug Paxton, acknowledged that being more selective had improved ratings, but denied that the hospital was turning patients away to improve scores. Tightening admissions, he said, benefited patients, not metrics, because Roseburg's hospital lacks the resources for acute patients, so many need to be sent to larger hospitals in the community.

"The numbers are indicators of the quality of care for the veterans, so, sure, we're worried about the numbers," he said. "But if you improve the care to veterans, in turn your numbers are going to improve. That's the bottom line."

But five emergency room doctors strongly disagreed. In a letter in response to questions from The New York Times, they said they had warned about the arrangement at Roseburg, where physicians are repeatedly overruled by administrators. "When we voice concern that a process is dangerous and not good for patient care," they wrote, "we are met with the response that 'this is what the director wants.'"

"We cannot express strongly enough how detrimental this process has been for patient care and how unacceptable it would be anywhere else," the letter noted.

The day after Mr. Savage was turned away, he showed up again asking for help. Again, he was denied. He waited for hours in the emergency room until a doctor finally admitted him against the wishes of the administration, his son-in-law said. The administration, ever mindful of metrics, moved him to a nursing home in less than 24 hours.

The Department of Veterans Affairs began grading hospitals about four years ago based on 110 performance indicators such as wait times, infection rates and nurse turnover at its 1,200 hospitals and clinics.

Photo

The V.A. hospital in Roseburg, Ore. CreditRuth Fremson/The New York Times

And on the surface, the scrutiny appears to have paid off. In 2016, according to the department, 82 percent of facilities improved.

Even Roseburg. For years, the hospital in this logging town, which had no intensive care unit and limited surgery facilities, has struggled with the challenges many rural hospitals face. It was hard to attract new doctors. A small staff meant that just one open position could create a pileup of delays. Doctors constantly left for higher-paying jobs outside the system.

But as more patients were sent away in recent years, Roseburg was recognized by the Department of Veterans Affairs as one of the rising stars of its health care system.

However, interviews with staff at the hospital suggest that some improvements were pure manipulation. And in some cases efforts to improve the rating actually made care worse.

"It's a numbers game. The leadership has figured out the hospital can actually do better by seeing less

patients,” said Dr. Steven Blum, a hospitalist there who said he has seen patients regularly turned away or transferred to private hospitals. “These numbers show up on the director’s report card, so it is very important they look good.”

On average, more than half the hospital’s beds now sit empty, he said, while patients are either sent home or transferred to private hospitals at government expense. Costly transfers don’t come out of the Roseburg budget, but they do protect the hospital by moving risk to other facilities’ books.

For the few patients who are admitted to Roseburg, other tactics are used to further improve the ratings. The hospital is penalized when patients are hospitalized with congestive heart failure, because it counts as a sign of poor preventive care. So, doctors said, they are told to list it as hypervolemia, a condition that occurs when there is too much fluid in the blood, a diagnosis that isn’t tracked and hides the problem.

Photo

“It’s a numbers game,” Dr. Steven Blum, a doctor at the veterans hospital in Roseburg, said of the medical center’s approach. “The leadership has figured out the hospital can actually do better by seeing less patients.”CreditRuth Fremson/The New York Times

Another penalty is assessed for deaths in the hospital or within 30 days of discharge. To avoid counting these, doctors and nurses say, the administration regularly persuades veterans to be admitted only as hospice patients, signaling they are terminal and don’t want treatment. Often neither is true. Doctors said some veterans were switched to hospice without their knowledge.

“It’s extremely unethical, extremely,” Dr. Blum said. “I was asked to do it and so were the emergency department doctors. And we refused, so the administration just did it.”

The focus on improving scores overshadowed deep-seated problems, staff said, including crippling turnover in primary care doctors.

In 2015, 17 of 23 primary care doctors left, according to Laura Follett, who oversaw scheduling for Roseburg’s primary care clinic.

“Teams would have no doctors, and we’d have to just cancel appointments,” Ms. Follett said. She resigned in 2016.

Dangerous gaps appeared when doctors ordering critical tests were no longer around to review the results and alert patients. Several nurses said they saw positive cancer screening alerts and other critical lab results languish for weeks or even months.

“Alerts go into Neverland,” said Treva Moss, a nurse who works in the medical center’s specialty clinic in Eugene, Ore.

Photo

Laura Follett, who oversaw scheduling for Roseburg’s primary care clinic, at home in Springfield, Ore., this month. She resigned in 2016. CreditRuth Fremson/The New York Times

This fall, a number of employees complained to their congressman, Peter DeFazio, who blasted the hospital management on the floor of the House of Representatives as “dysfunctional.” At his request, the department is conducting an investigation.

Roseburg’s decision to cloak deficiencies by manipulating metrics is part of a persistent problem that reaches beyond one rural hospital, said Dr. Michael Mann, a professor of surgery at the University of California, San Francisco who led the thoracic surgery program at the San Francisco veterans hospital for eight years.

Attempts to track performance in the veterans health care system have repeatedly created perverse outcomes, he said. He pointed out that the 2014 scandal exposing hidden wait times for veterans arose only after the department began tracking whether medical appointments were scheduled within 14 days, and veterans hospitals across the country that could not meet the goal began keeping off-the-books lists to hide actual wait times.

During Dr. Mann’s tenure, the veterans department began ranking hospitals on surgical complications. Remarkably, complications across the nationwide system dropped steadily, decreasing 47 percent between 1997 and 2007.

“Of course quality had not really improved by that much,” Dr. Mann said. “People had just learned to make it appear that it had.”

Many hospitals simply stopped performing surgeries on high-risk patients, or cut high-risk procedures all together, Dr. Mann said. “I’m very ashamed. I colluded. I was told not to operate and pulled back, and at least one of my patients died because of it.”

The vast health care system has little choice but to rely on metrics, said David J. Shulkin, the veterans affairs secretary.

Photo

Mr. Savage outside the Rose Haven Nursing Center in Roseburg, where he was transferred by the veterans hospital. Credit Ruth Fremson/The New York Times

“Without it we’re like an airport with no air traffic control,” he said in an interview. “We don’t know where our hospitals are, we don’t know where they are headed. All we can do is respond to the crashes. I’d rather be able to look ahead and prevent them.”

The department regularly audits hospitals, he said. But the Government Accountability Office raised doubts in a report this fall noting in many cases the data seems inaccurate but the central office “has not determined the extent to which these problems exist.”

In 2014, when Mr. Paxton took over Roseburg, he vowed to turn around a hospital that had long ranked one of the worst in the system. He added staff, tried to cut inefficiencies, and tapped his new chief of mental health, a social worker by training named Paul Beiring, to figure out how to improve metrics.

In an interview, Mr. Beiring said focusing on hospital admissions was strategic because it accounted for a big slice of the rating.

“It is weighted really high, so we knew we had to optimize that measure,” he said.

The medical center created an “exclusion list” of conditions deemed too severe for Roseburg and put in place a “utilization management team” of administrators to approve hospital admissions using a risk

analysis score.

Doctors were required to call an off-site nurse to ask permission to admit a patient. Patients who had a high risk of death — usually because of advanced age — were routinely transferred to other hospitals or sent home. Even low-risk patients that Roseburg could easily have cared for, such as people with pneumonia, were denied, doctors said.

In a statement, the Department of Veterans Affairs said Roseburg was not manipulating data, adding: “All admission decisions are based on the hospital’s ability to provide the care patients require and are made by clinicians, including the facility chief of staff and her clinical chiefs of service — nonclinical administrators have nothing to do with these decisions.”

The hospital has no plans to change its admitting practices. In November, Roseburg was demoted to one star, because of what Mr. Beiring called “a death or two” but he said it was a temporary setback and the hospital had already “deployed counter measures” that would soon send its ratings up again.

One of those measures, doctors said, appears to be that admissions have become ever more strict.

Correction: January 2, 2018

An earlier version of this article misstated where Dr. Michael Mann is a professor of surgery. He is at the University of California, San Francisco, not the University of San Francisco.

Owner: IP [REDACTED]@frenchangel59.com>
Filename: image001.jpg
Last Modified: Tue Apr 10 07:26:46 CDT 2018



Owner: IP [REDACTED]@frenchangel59.com>
Filename: image002.jpg
Last Modified: Tue Apr 10 07:26:46 CDT 2018



Owner: IP [REDACTED]@frenchangel59.com>
Filename: image003.jpg
Last Modified: Tue Apr 10 07:26:46 CDT 2018



Owner: IP [REDACTED]@frenchangel59.com>
Filename: image004.jpg
Last Modified: Tue Apr 10 07:26:46 CDT 2018



Owner: IP [REDACTED]@frenchangel59.com>
Filename: image005.jpg
Last Modified: Tue Apr 10 07:26:46 CDT 2018



Owner: IP <[REDACTED]@frenchangel59.com>
Filename: image006.jpg
Last Modified: Tue Apr 10 07:26:46 CDT 2018



From: Bruce Moskowitz
<(b) (6)@mac.com>
To: O'Rourke, Peter M. </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6)>; (b) (6)
(HOU) </o=va/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6) (hou)d16>
Cc:
Bcc:
Subject: [EXTERNAL] Device registry
Date: Wed Mar 28 2018 06:05:52 CDT
Attachments:

I confirmed with (b) (6) who has worked with (b) (6) for many years that indeed all of the essentials are done and ready to go including the barcoding, scanners and EMR configuration. The extraction of data from having a registry has been vetted also. Starting a pilot project will allow us to get the "kinks out". We firmly believe there will be no cost to the VA but huge savings on inventory management.

Sent from my iPad
Bruce Moskowitz M.D.

From: Bruce Moskowitz
<(b) (6)@mac.com>
To: O'Rourke, Peter M. </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6)>
Cc:
Bcc:
Subject: [EXTERNAL] Requested Names.pdf
Date: Fri Mar 09 2018 11:45:27 CST
Attachments: Requested Names.pdf

Sent from my iPad
Bruce Moskowitz M.D.

Owner: Bruce Moskowitz <(b) (6)@mac.com>
Filename: Requested Names.pdf
Last Modified: Fri Mar 09 11:45:27 CST 2018


Brian Gamble - a former private-sector health care executive who has been working at the Orlando, Fla VA hospital. According to a different media report, Dr. W. Bryan Gamble, a retired Army brigadier general. He recently deactivated his LinkedIn profile. I couldn't find anything else.

Andrew Bartlett – Couldn't find any reliable information online.

Christina White - <https://www.linkedin.com/in/christina-white-147a385/>



Christina White • 3rd

Healthcare Administrator at Dept. of Veterans Affairs
Veterans Health Administration • The Catholic University of America
Washington D.C. Metro Area • 14 

Chris Vojta - <https://www.va.gov/directory/guide/manager.asp?pnum=30323>

Christopher L. Vojta

Principal Deputy Under Secretary for Health, Veterans Health Administration

Christopher L. Vojta, MD, MBA, MSCE, was appointed as Principal Deputy Under Secretary for Health in the Department of Veterans Affairs on January 21, 2018. In this role, he leads clinical policies and programs for the Veterans Health Administration (VHA), the United States' largest integrated health care system. VHA is also the Nation's largest provider of graduate medical education and a major contributor to medical and scientific research.

Dr. Vojta is a highly experienced and nationally recognized physician executive who has held leadership positions with complex management responsibilities. He most recently was the Senior Vice President at Prime Therapeutics. He also held senior health care leadership positions with UnitedHealth Group, Deloitte Consulting and Wyeth Pharmaceuticals. In these roles, he successfully launched major product innovations including Medicare Advantage Chronic Illness Special Needs Plans; ran the Medical Management Practice of Deloitte Consulting; and launched a Medical Management IT Consulting Practice. In addition, he was head of US Medical Affairs for Wyeth, which included Global Health Outcomes Research and the US Medical Science Liaison Group.



Dr. Vojta's entrepreneurial experience includes co-founding and leading a start-up health care consulting company focusing on strategic decision-making and healthcare information technology. He also has extensive experience in the financial arena.

A graduate of Yale University, Dr. Vojta earned his Doctorate of Medicine and a Master of Science in Clinical Epidemiology from the University of Pennsylvania's School of Medicine and holds a Master of Business Administration from the University of Pennsylvania's Wharton School. Board certified in Geriatrics, Dr. Vojta has published and presented on medical management, risk and therapy in an aging population, and medical assessments.

Fabricio-Fernandez-Reid - <https://www.linkedin.com/in/fabricio-fernandez-reid-7b282847/>



Fabricio Fernandez-Reid • 3rd

Associate at Booz Allen Hamilton

Booz Allen Hamilton • The George Washington University

Washington D.C. Metro Area • 208



Associate

Booz Allen Hamilton

Jan 2018 – Present • 3 mos

Washington D.C. Metro Area



Senior Consultant

Booz Allen Hamilton

Mar 2017 – Dec 2017 • 10 mos

Washington D.C. Metro Area



Faculty Group Practice Administrative Operations Leader

NYU Langone Medical Center

Oct 2012 – Jul 2016 • 3 yrs 10 mos

Greater New York City Area

- Led a multidisciplinary team of 18 staff members (all levels of employees) alongside supporting a faculty of 18 world-renowned dermatologists (including directors, associate directors, chairman, and vice chairman) with a variety of specialties and practice requirements. Created a world-class experience for patients, doctors, administrators, and external vendors by leading with diplomacy, tact, compassion, a focus on efficiency, and enthusiasm while offering timely and thoughtful service.
- Specialized in conflict management communications (via in-person, email, and telephone). Successfully diffused difficult situations among high-level physicians, patients, and staff disagreements while protecting patient and employee confidentiality.
- Proactively managed team's daily office operations and identified prime opportunities for improvement within procedures and guidelines, always keeping a focus on patient experience, operational efficiency, and driving for results via creative and data-informed solutions. Created and implemented policies that resulted in a streamlined check-in process and reduced system queries by 50%.
- Drafted, reviewed, and revised communications, memorandums to staff, other miscellaneous correspondence for practice administrators, chairmen, and physicians.
- Efficiently set priorities to manage physician practice and on-call calendar schedules, balancing patient demand and academic responsibilities.
- Used complex medical electronic records and other record databases to collect data, report trends, and present practice data findings when necessary.
- Collaborated with department admins, faculty heads, and other key stakeholders on new medical treatment projects, implementation and training of software initiatives, and government regulation rollouts, in order to advance practice competitiveness, compliance, and effectiveness.



Project Manager

Clinilabs

May 2008 – Oct 2012 • 4 yrs 6 mos

Greater New York City Area

- Successfully managed over 10 domestic and global clinical sleep trials as the directly responsible individual, maintaining superb data quality and upholding standard operating procedures. Sponsor audits showed no major queries thus ensuring the scientific integrity of the studies under my management.
- Drafted, formatted, proofread for grammar, and distributed official study documents/correspondence (containing confidential information) including: Standard Operating Procedures, subject eligibility/ineligibility notifications, communication plans, status reports, data reports, data graphs, study presentations, meeting minute transcriptions, meeting agendas, and email.
- Represented the department heads by presenting standard procedures, data collection techniques, and data findings to study sponsors.
- Repeatedly exceeded rigorous data collection, complex electronic data transfer goals, customer service goals, and industry policies/procedures set by external and internal stakeholders.
- Entered, evaluated, analyzed, and QC'd data submitted by 100+ sleep sites to ensure subject eligibility and protocol adherence using proprietary applications and MS Office.
- Progressed data query and collection skills by controlling/monitoring multiple databases containing 20,000+ data entries.
- When challenged to pilot program to expand scope of study types, led data services to execute EKG and dim-light studies, resulting in increased business.
- Created a user friendly experience by training sleep-site staff on data collection/transfer according to industry policies and standard operating procedures.
- Efficiently and courteously communicated (via in-person, telephone, email, mail) with all levels of sponsor/internal contacts to build relationships, facilitating project interactions and high morale.

Education



The George Washington University
Bachelor of Science, Biological Sciences
2003 – 2007

Volunteer Experience



Field Volunteer
Hillary for America
Jul 2016 – Nov 2016 • 5 mos
Politics

From: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)>
To: Bruce Moskowitz <(b) (6)@mac.com>
Cc: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)> Marc Sherman <(b) (6)@gmail.com>; IP <@frenchangel59.com>
Bcc:
Subject: RE: [EXTERNAL] Re: Apple vs Cerner
Date: Thu Mar 08 2018 06:14:42 CST
Attachments:

I'll have my scheduler set something up for Friday if that works for you all.

Pete

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Thursday, March 08, 2018 7:08 AM
To: O'Rourke, Peter M.
Cc: Sandoval, Camilo J.; Marc Sherman; IP
Subject: Re: [EXTERNAL] Re: Apple vs Cerner

Thank you for your quick response. When convenient for you, let's set up a call to determine what can be done to rescue this very important initiative.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 8, 2018, at 7:04 AM, O'Rourke, Peter M. <Peter.ORourke@va.gov> wrote:

>
> Bruce,
>
> What can I do to salvage that group's work and expertise and apply what we can to the developing product?

>
> Pete

>
> -----Original Message-----

> From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
> Sent: Thursday, March 08, 2018 6:45 AM
> To: Sandoval, Camilo J.
> Cc: Marc Sherman; IP; O'Rourke, Peter M.
> Subject: [EXTERNAL] Re: Apple vs Cerner

>
> Thank you and after reviewing, we had an excellent group assembled on the call with Tim Cook, his staff and our five Academic centers and the VA to proceed with an EMR that would have solved many of the problems faced by the choice system, Telemedicine and of equal importance a platform for mental health.

>
> Instead of taking the excellent resources from the five Academic centers donating their time to the

VA, the VA dropped all contact and proceeded on its own. So now we have a product of limited value.

>

> Sent from my iPad

> Bruce Moskowitz M.D.

>

>> On Mar 7, 2018, at 10:46 PM, Sandoval, Camilo J. <Camilo.Sandoval@va.gov> wrote:

>>

>> Bruce/Marc,

>>

>> Apparently I was suppose to share this Attachment with you last month per John's note below.

>>

>> My apologies if I didn't. I will update the tracker, and please do let me know if this helps answers questions around Apple's efforts or if additional clarification is required.

>>

>> Thank you.

>> Camilo

>>

>>

>>

>> _____
>> From: Windom, John H.

>> Sent: Wednesday, March 07, 2018 7:26:08 PM

>> To: Sandoval, Camilo J.

>> Subject: FW: Apple vs Cerner

>>

>>

>>

>> Sent with Good (www.good.com)

>>

>>

>> _____
>> From: Windom, John H.

>> Sent: Tuesday, March 06, 2018 6:18:26 AM

>> To: Blackburn, Scott R.

>> Cc: Short, John (VACO); Zenooz, Ashwini

>> Subject: FW: Apple vs Cerner

>>

>> Sir,

>> As you can see, I also shared with Cam who readily saw the difference and was to convey the message down South. Here you go.

>> Vr

>> John

>>

>> John H. Windom, Senior Executive Service (SES) Program Executive for

>> Electronic Health Record Modernization (PEO EHRM) Special Advisor to

>> the Under Secretary for Health

>> 811 Vermont Avenue NW (5th Floor Suite 5080) Washington, DC 20420

>> John.Windom@va.gov<mailto:John.Windom@va.gov>

>> Office: (202) 461-5820

>> Mobile: (202) 794-4911

>> Executive Assistant: Ms. (b) (6) – Appointments and Scheduling

>> (b) (6) @va.gov<mailto:(b) (6) @va.gov> Office: (202) 461-(b) (6)

>>

>>

>>

>>

>> From: Windom, John H.

>> Sent: Friday, January 26, 2018 3:24 PM

>> To: Blackburn, Scott R.; Sandoval, Camilo J.; Zenooz, Ashwini; Short,
>> John (VACO); (b) (6) (VACO)
>> Subject: Apple vs Cerner
>>
>> Apple will not produce an EHR/EMR. It is a health record electronic file cabinet and will likely ultimately align to a commercial EHR. Apple will deliver less than 1% of commercial EHR capabilities. Please don't let people confuse the two. These draft charts may help you with your messaging.
>> Vr
>> John
>>
>> John H. Windom, Senior Executive Service (SES) Program Executive for
>> Electronic Health Record Modernization (PEO EHRM) Special Advisor to
>> the Under Secretary for Health
>> 811 Vermont Avenue NW (5th Floor Suite 5080) Washington, DC 20420
>> John.Windom@va.gov<mailto:John.Windom@va.gov>
>> Office: (202) 461-5820
>> Mobile: (202) 794-4911
>> Executive Assistant: (b) (6) – Appointments and Scheduling
>> (b) (6) @va.gov<mailto:(b) (6) @va.gov> Office: (202) 461-(b) (6)
>>
>>
>>
>>
>> <EHRM Cerner Apple Compare _final.pptx> <Apple App Background and
>> Questions _final.docx>

From: COS-PMO </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
To: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
Cc:
Bcc:
Subject: FW: FW: Contact information (Chief of Staff)
Date: Wed Feb 28 2018 10:19:48 CST
Attachments:

From: IP
Sent: Wednesday, February 28, 2018 8:18:57 AM (UTC-08:00) Pacific Time (US & Canada)
To: COS-PMO
Subject: [EXTERNAL] RE: FW: Contact information (Chief of Staff)

Pete:

Please use the below contact information when trying to reach me:

Please note that you should first try to reach me at the office through my assistant. [REDACTED] is able to find me any time.

Thank you,

Ike

Assistant: [REDACTED]

212-576-[REDACTED] (Office)

212-576-[REDACTED] (Weekend Office)

Cell: 646-668-[REDACTED] ([REDACTED] Cell)

Cell: 646-201-[REDACTED] ([REDACTED] Cell)

Email: [REDACTED]@frenchangel59.com

Please feel free to email or call us any time.

From: (b) (6) [mailto:(b) (6)@gmail.com]
Sent: Wednesday, February 28, 2018 7:58 AM
To: COS-PMO; David shulkin; IP; Marc Sherman; Bruce Moskowitz
Subject: Re: FW: Contact information (Chief of Staff)

Oops- Of course, I forgot to add the rest of our contact info:

Ike- direct line 561-586-(b) (6)

(b) (6) direct line 561-585-(b) (6) cell 561-818-(b) (6)

Bruce Moskowitz cell 346-(b) (6)

Marc Sherman 202-758-(b) (6) cell

On Wed, Feb 28, 2018 at 7:42 AM, (b) (6)@gmail.com> wrote:

Pete,

You beat me to it-- just sat down to email all to you...

It was truly a pleasure and honor to meet you yesterday.

Please feel free to contact any of us at anytime....

I thought it was an extremely productive meeting yesterday

and look forward to achieving the goals discussed.

Warm regards.... (b) (6)

On Wed, Feb 28, 2018 at 6:58 AM, COS-PMO <COS-PMO@va.gov> wrote:

(b) (6)

I didn't type your email right the first time, please see the original email below.

Thank you,
Pete

Sent with Good (www.good.com)

From: COS-PMO
Sent: Wednesday, February 28, 2018 3:37:19 AM
To: (b) (6); ip; mbsherman; brucemoskowitzmd
Subject: Contact information

All,

It was an honor to meet you all yesterday. I want to ensure that you have my VA and personal contact information.

VA cell: 202-823-(b) (6)
Personal cell: 202-997-(b) (6)
Direct VA email: CoS-PMO@va.gov
Personal email: (b) (6)

I will protect our conversations from yesterday and as instructed by the Secretary last night, not discuss the content with any of the individuals what were mentioned.

Thank you for your support of the President, the VA, and me as we work to make the VA great.

Pete

Sent with Good (www.good.com)

From: COS-PMO </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
To: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
Cc:
Bcc:
Subject: FW: [EXTERNAL] Re: Contact information
Date: Wed Feb 28 2018 05:44:01 CST
Attachments:

From: Marc Sherman
Sent: Wednesday, February 28, 2018 3:43:46 AM (UTC-08:00) Pacific Time (US & Canada)
To: COS-PMO
Cc: [REDACTED] IP; Bruce Moskowitz
Subject: [EXTERNAL] Re: Contact information

Pete

It was great to meet you and be able to spend the afternoon with you (and of course the Secretary) discussing mutual passions to help improve healthcare for our veterans. We are always excited to provide each of our thoughts to you and the Secretary as you both move forward in making decisions on how to best run and improve the veterans healthcare delivery system.

Best

Marc

Marc Sherman
(202) 758-[REDACTED]

On Feb 28, 2018 6:37 AM, "COS-PMO" <COS-PMO@va.gov> wrote:

All,

It was an honor to meet you all yesterday. I want to ensure that you have my VA and personal contact information.

VA cell: 202-823-[REDACTED]
Personal cell: 202-997-[REDACTED]
Direct VA email: CoS-PMO@va.gov
Personal email: [REDACTED]

I will protect our conversations from yesterday and as instructed by the Secretary last night, not discuss the content with any of the individuals what were mentioned.

Thank you for your support of the President, the VA, and me as we work to make the VA great.

Pete

Sent with Good (www.good.com)

From: COS-PMO </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
To: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
Cc:
Bcc:
Subject: FW: [EXTERNAL] Re: Contact information
Date: Wed Feb 28 2018 05:38:49 CST
Attachments:

From: Bruce Moskowitz
Sent: Wednesday, February 28, 2018 3:38:12 AM (UTC-08:00) Pacific Time (US & Canada)
To: COS-PMO
Cc: [REDACTED]; ip; mbsherman
Subject: [EXTERNAL] Re: Contact information

Thank you

Sent from my iPad
Bruce Moskowitz M.D.

> On Feb 28, 2018, at 6:37 AM, COS-PMO <COS-PMO@va.gov> wrote:

>

> All,

>

> It was an honor to meet you all yesterday. I want to ensure that you have my VA and personal contact information.

>

> VA cell: 202-823-[REDACTED]

> Personal cell: 202-997-[REDACTED]

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> Thank you for your support of the President, the VA, and me as we work to make the VA great.

>

> Pete

>

>

>

> Sent with Good (www.good.com)

From: COS-PMO </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
To: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
Cc:
Bcc:
Subject: FW: [EXTERNAL] Re: Mental Health
Date: Wed Feb 28 2018 05:46:42 CST
Attachments:

From: Peter O'Rourke
Sent: Wednesday, February 28, 2018 3:45:39 AM (UTC-08:00) Pacific Time (US & Canada)
To: Bruce Moskowitz
Cc: COS-PMO
Subject: [EXTERNAL] Re: Mental Health

Received. I will begin a project plan and develop a timeline for action.

Thank you.

Peter O'Rourke
(202) 997-[REDACTED]

From my iPhone

On Feb 28, 2018, at 6:40 AM, Bruce Moskowitz <[REDACTED]@mac.com> wrote:

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: Bruce Moskowitz [REDACTED]@mac.com>
Date: February 28, 2018 at 6:25:54 AM EST
To: David Shulkin [REDACTED], "Peter M. O'Rourke" <Peter.ORourke@va.gov>
Cc: [REDACTED]@gmail.com, IP <[REDACTED]@frenchangel59.com>, [REDACTED]@gmail.com
Subject: Mental Health

The emergency "committee" is mental health and that should be the first one to get right and move

ASAP. I need to know all existing committees and initiatives on a chart. I have to pull in a significant number of assets to get boots on the ground to actually give timely care. I will need you to contact besides our academic partners, the following, U of PENN, U. OfChicago,UCLA, U of SanFrancisco, Stanford, Columbia, the Mack Center of technological innovation, the Bloomberg school of public health and Ondrea Gleason MD head of American Association of Chairs of Psychiatry. This committee will need a direct working relationship with Telemedicine, the Choice Program to get the job done. They will need the authority to seep away any beuqacratc process that slows the initiative.

Sent from my iPad
Bruce Moskowitz M.D.

From: COS-PMO </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
To: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
Cc:
Bcc:
Subject: FW: [EXTERNAL] Re: Contact information
Date: Wed Feb 28 2018 05:48:19 CST
Attachments:

From: Marc Sherman
Sent: Wednesday, February 28, 2018 3:47:44 AM (UTC-08:00) Pacific Time (US & Canada)
To: COS-PMO
Cc: IP; Bruce Moskowitz; [REDACTED]
Subject: [EXTERNAL] Re: Contact information

By the way, I am just resending to let you know that you have a typo in [REDACTED] address which should be [REDACTED] rather than [REDACTED]

Marc Sherman
(202) 758-[REDACTED]

On Feb 28, 2018 6:43 AM, "Marc Sherman" <[REDACTED]@gmail.com> wrote:

Pete

It was great to meet you and be able to spend the afternoon with you (and of course the Secretary) discussing mutual passions to help improve healthcare for our veterans. We are always excited to provide each of our thoughts to you and the Secretary as you both move forward in making decisions on how to best run and improve the veterans healthcare delivery system.

Best

Marc

Marc Sherman
(202) 758-[REDACTED]

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Direct VA email: CoS-PMO@va.gov
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I will protect our conversations from yesterday and as instructed by the Secretary last night, not discuss the content with any of the individuals what were mentioned.

Thank you for your support of the President, the VA, and me as we work to make the VA great.

Pete

Sent with Good (www.good.com)

From: COS-PMO </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
To: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=[REDACTED]>
Cc:
Bcc:
Subject: FW: Contact information
Date: Wed Feb 28 2018 06:49:56 CST
Attachments:

From: IP
Sent: Wednesday, February 28, 2018 4:49:23 AM (UTC-08:00) Pacific Time (US & Canada)
To: COS-PMO
Cc: Bruce Moskowitz (Business Fax); 'David shulkin ([REDACTED])'; Marc Sherman <[REDACTED]@gmail.com> ([REDACTED]@gmail.com); [REDACTED]@gmail.com
Subject: [EXTERNAL] RE: Contact information

Pete,

I enjoyed meeting with you and the Secretary yesterday. I feel confident that you will be a terrific asset moving forward to get things accomplished.

I am here 24/7 to help.....Best...Ike

-----Original Message-----

From: COS-PMO [mailto:COS-PMO@va.gov]
Sent: Wednesday, February 28, 2018 6:37 AM
To: [REDACTED]; IP; mbsherman; brucemoskowitzmd
Subject: Contact information

All,

It was an honor to meet you all yesterday. I want to ensure that you have my VA and personal contact information.

VA cell: 202-823-[REDACTED]
Personal cell: 202-997-[REDACTED]
Direct VA email: CoS-PMO@va.gov
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Thank you for your support of the President, the VA, and me as we work to make the VA great.

Pete

From: Bruce Moskowitz
<(b) (6)@mac.com>
To: David Shulkin (b) (6) >;
O'Rourke, Peter M. </o=va/ou=exchange administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)>
Cc: (b) (6)@gmail.com
<(b) (6)@gmail.com>; IP <(b) (6)@frenchangel59.com>;
(b) (6)@gmail.com (b) (6)@gmail.com>
Bcc:
Subject: [EXTERNAL] Mental Health
Date: Wed Feb 28 2018 05:25:54 CST
Attachments:

The emergency "committee" is mental health and that should be the first one to get right and move ASAP. I need to know all existing committees and initiatives on a chart. I have to pull in a significant number of assets to get boots on the ground to actually give timely care. I will need you to contact besides our academic partners, the following, U of PENN, U. OfChicago,UCLA, U of SanFrancisco, Stanford, Columbia, the Mack Center of technological innovation, the Bloomberg school of public health and Ondrea Gleason MD head of American Association of Chairs of Psychiatry.
This committee will need a direct working relationship with Telemedicine, the Choice Program to get the job done. They will need the authority to seep away any beuqacratc process that slows the initiative.

Sent from my iPad
Bruce Moskowitz M.D.

From: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)>
To: Bruce Moskowitz <(b) (6)@mac.com>; Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)>
Cc: Marc Sherman <(b) (6)@gmail.com>; IP <@frenchangel59.com>
Bcc:
Subject: RE: [EXTERNAL] Re: Apple vs Cerner
Date: Thu Mar 08 2018 06:04:39 CST
Attachments:

Bruce,

What can I do to salvage that group's work and expertise and apply what we can to the developing product?

Pete

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
Sent: Thursday, March 08, 2018 6:45 AM
To: Sandoval, Camilo J.
Cc: Marc Sherman; IP; O'Rourke, Peter M.
Subject: [EXTERNAL] Re: Apple vs Cerner

Thank you and after reviewing, we had an excellent group assembled on the call with Tim Cook, his staff and our five Academic centers and the VA to proceed with an EMR that would have solved many of the problems faced by the choice system, Telemedicine and of equal importance a platform for mental health.

Instead of taking the excellent resources from the five Academic centers donating their time to the VA, the VA dropped all contact and proceeded on its own. So now we have a product of limited value.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 7, 2018, at 10:46 PM, Sandoval, Camilo J. <Camilo.Sandoval@va.gov> wrote:
>
> Bruce/Marc,
>
> Apparently I was suppose to share this Attachment with you last month per John's note below.
>
> My apologies if I didn't. I will update the tracker, and please do let me know if this helps answers questions around Apple's efforts or if additional clarification is required.
>
> Thank you.
> Camilo
>
>
> _____

> From: Windom, John H.
> Sent: Wednesday, March 07, 2018 7:26:08 PM
> To: Sandoval, Camilo J.
> Subject: FW: Apple vs Cerner

> Sent with Good (www.good.com)

> From: Windom, John H.
> Sent: Tuesday, March 06, 2018 6:18:26 AM
> To: Blackburn, Scott R.
> Cc: Short, John (VACO); Zenooz, Ashwini
> Subject: FW: Apple vs Cerner

> Sir,
> As you can see, I also shared with Cam who readily saw the difference and was to convey the message down South. Here you go.
> Vr
> John

> John H. Windom, Senior Executive Service (SES) Program Executive for
> Electronic Health Record Modernization (PEO EHRM) Special Advisor to
> the Under Secretary for Health
> 811 Vermont Avenue NW (5th Floor Suite 5080) Washington, DC 20420
> John.Windom@va.gov<mailto:John.Windom@va.gov>
> Office: (202) 461-5820
> Mobile: (202) 794-4911
> Executive Assistant: Ms. (b) (6) – Appointments and Scheduling
> (b) (6)@va.gov<mailto:(b) (6)@va.gov> Office: (202) 461-(b) (6)

> From: Windom, John H.
> Sent: Friday, January 26, 2018 3:24 PM
> To: Blackburn, Scott R.; Sandoval, Camilo J.; Zenooz, Ashwini; Short,
> John (VACO); (b) (6) (VACO)
> Subject: Apple vs Cerner

> Apple will not produce an EHR/EMR. It is a health record electronic file cabinet and will likely ultimately align to a commercial EHR. Apple will deliver less than 1% of commercial EHR capabilities. Please don't let people confuse the two. These draft charts may help you with your messaging.

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> John H. Windom, Senior Executive Service (SES) Program Executive for
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>
>
>
>

> <EHRM Cerner Apple Compare _final.pptx> <Apple App Background and
> Questions _final.docx>

From: Bruce Moskowitz
(b) (6)@mac.com>
To: O'Rourke, Peter M. </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)
Cc: Sandoval, Camilo J. </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5) Marc Sherman
(b) (6)@gmail.com>; IP <@frenchangel59.com>
Bcc:
Subject: Re: [EXTERNAL] Re: Apple vs Cerner
Date: Thu Mar 08 2018 06:08:06 CST
Attachments:

Thank you for your quick response. When convenient for you, let's set up a call to determine what can be done to rescue this very important initiative.

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 8, 2018, at 7:04 AM, O'Rourke, Peter M. <Peter.ORourke@va.gov> wrote:
>
> Bruce,
>
> What can I do to salvage that group's work and expertise and apply what we can to the developing product?
>
> Pete
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:(b) (6)@mac.com]
> Sent: Thursday, March 08, 2018 6:45 AM
> To: Sandoval, Camilo J.
> Cc: Marc Sherman; IP; O'Rourke, Peter M.
> Subject: [EXTERNAL] Re: Apple vs Cerner
>
> Thank you and after reviewing, we had an excellent group assembled on the call with Tim Cook, his staff and our five Academic centers and the VA to proceed with an EMR that would have solved many of the problems faced by the choice system, Telemedicine and of equal importance a platform for mental health.
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> Instead of taking the excellent resources from the five Academic centers donating their time to the VA, the VA dropped all contact and proceeded on its own. So now we have a product of limited value.
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> Bruce Moskowitz M.D.
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>> On Mar 7, 2018, at 10:46 PM, Sandoval, Camilo J. <Camilo.Sandoval@va.gov> wrote:
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>> Bruce/Marc,
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>>

>> Thank you.

>> Camilo

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>>

>>

>> From: Windom, John H.

>> Sent: Wednesday, March 07, 2018 7:26:08 PM

>> To: Sandoval, Camilo J.

>> Subject: FW: Apple vs Cerner

>>

>>

>>

>> Sent with Good (www.good.com)

>>

>>

>> From: Windom, John H.

>> Sent: Tuesday, March 06, 2018 6:18:26 AM

>> To: Blackburn, Scott R.

>> Cc: Short, John (VACO); Zenooz, Ashwini

>> Subject: FW: Apple vs Cerner

>>

>> Sir,

>> As you can see, I also shared with Cam who readily saw the difference and was to convey the message down South. Here you go.

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>> (b) (6) @va.gov<mailto:(b) (6) @va.gov> Office: (202) 461-(b) (6)

>>

>>

>>

>>

>> From: Windom, John H.

>> Sent: Friday, January 26, 2018 3:24 PM

>> To: Blackburn, Scott R.; Sandoval, Camilo J.; Zenooz, Ashwini; Short,

>> John (VACO); Cox, Tim (VACO)

>> Subject: Apple vs Cerner

>>

>> Apple will not produce an EHR/EMR. It is a health record electronic file cabinet and will likely ultimately align to a commercial EHR. Apple will deliver less than 1% of commercial EHR capabilities. Please don't let people confuse the two. These draft charts may help you with your messaging.

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>>
>>
>>
>>
>> <EHRM Cerner Apple Compare_final.pptx> <Apple App Background and
>> Questions_final.docx>

From: O'Rourke, Peter M. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)>
To: Bruce Moskowitz
(b) (6) d@mac.com>
Cc: Sandoval, Camilo J. </o=va/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)> Marc Sherman
(b) (6) @gmail.com>; IP <(b) (6) @frenchangel59.com>; (b) (6)
</o=va/ou=va martinsburg/cn=recipients/cn=(b) (6), (b) (5)>
Bcc:
Subject: RE: [EXTERNAL] Re: Apple vs Cerner
Date: Thu Mar 08 2018 06:22:42 CST
Attachments:

Understood. I'll notify you today of a time and conference call in number.

Pete

-----Original Message-----

From: Bruce Moskowitz [mailto:(b) (6) @mac.com]
Sent: Thursday, March 08, 2018 7:16 AM
To: O'Rourke, Peter M.
Cc: Sandoval, Camilo J.; Marc Sherman; IP
Subject: Re: [EXTERNAL] Re: Apple vs Cerner

Thank you I have noon or after 4 or before 7 am. It will probably just be me on the call

Sent from my iPad
Bruce Moskowitz M.D.

> On Mar 8, 2018, at 7:14 AM, O'Rourke, Peter M. <Peter.ORourke@va.gov> wrote:

>

> I'll have my scheduler set something up for Friday if that works for you all.

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> Pete

>

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> Sent: Thursday, March 08, 2018 7:08 AM

> To: O'Rourke, Peter M.

> Cc: Sandoval, Camilo J.; Marc Sherman; IP

> Subject: Re: [EXTERNAL] Re: Apple vs Cerner

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>> Pete
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>> Sent: Thursday, March 08, 2018 6:45 AM
>> To: Sandoval, Camilo J.
>> Cc: Marc Sherman; IP; O'Rourke, Peter M.
>> Subject: [EXTERNAL] Re: Apple vs Cerner
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>>> _____
>>> From: Windom, John H.
>>> Sent: Tuesday, March 06, 2018 6:18:26 AM
>>> To: Blackburn, Scott R.
>>> Cc: Short, John (VACO); Zenooz, Ashwini
>>> Subject: FW: Apple vs Cerner
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>>> Sir,
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>>> John

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>>>

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>>> <EHRM Cerner Apple Compare _final.pptx> <Apple App Background and

>>> Questions _final.docx>

From: Bruce Moskowitz
(b) (6), (b) (5) @mac.com>
To: O'Rourke, Peter M. </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5)
Cc: Sandoval, Camilo J. </o=va/ou=exchange
administrative group
(fydibohf23spdlt)/cn=recipients/cn=(b) (6), (b) (5) Marc Sherman
(b) (6) @gmail.com>; IP <@frenchangel59.com>
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> Sent: Thursday, March 08, 2018 7:08 AM

> To: O'Rourke, Peter M.

> Cc: Sandoval, Camilo J.; Marc Sherman; IP

> Subject: Re: [EXTERNAL] Re: Apple vs Cerner

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>> Thank you and after reviewing, we had an excellent group assembled on the call with Tim Cook, his staff and our five Academic centers and the VA to proceed with an EMR that would have solved many of the problems faced by the choice system, Telemedicine and of equal importance a platform for mental health.
>>
>> Instead of taking the excellent resources from the five Academic centers donating their time to the VA, the VA dropped all contact and proceeded on its own. So now we have a product of limited value.
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>>
>>> On Mar 7, 2018, at 10:46 PM, Sandoval, Camilo J. <Camilo.Sandoval@va.gov> wrote:
>>>
>>> Bruce/Marc,
>>>
>>> Apparently I was suppose to share this Attachment with you last month per John's note below.
>>>
>>> My apologies if I didn't. I will update the tracker, and please do let me know if this helps answers questions around Apple's efforts or if additional clarification is required.
>>>
>>> Thank you.
>>> Camilo
>>>
>>>
>>> _____
>>> From: Windom, John H.
>>> Sent: Wednesday, March 07, 2018 7:26:08 PM
>>> To: Sandoval, Camilo J.
>>> Subject: FW: Apple vs Cerner
>>>
>>>
>>>
>>> Sent with Good (www.good.com)
>>>
>>> _____
>>> From: Windom, John H.
>>> Sent: Tuesday, March 06, 2018 6:18:26 AM
>>> To: Blackburn, Scott R.
>>> Cc: Short, John (VACO); Zenooz, Ashwini
>>> Subject: FW: Apple vs Cerner
>>>
>>> Sir,
>>> As you can see, I also shared with Cam who readily saw the difference and was to convey the message down South. Here you go.
>>> Vr
>>> John
>>>
>>> John H. Windom, Senior Executive Service (SES) Program Executive for
>>> Electronic Health Record Modernization (PEO EHRM) Special Advisor to
>>> the Under Secretary for Health
>>> 811 Vermont Avenue NW (5th Floor Suite 5080) Washington, DC 20420
>>> John.Windom@va.gov<mailto:John.Windom@va.gov>
>>> Office: (202) 461-5820
>>> Mobile: (202) 794-4911
>>> Executive Assistant: (b) (6) – Appointments and Scheduling

>>> (b) (6) @va.gov<mailto:(b) (6) @va.gov> Office: (202) 461-(b) (6)
>>>
>>>
>>>
>>>
>>> From: Windom, John H.
>>> Sent: Friday, January 26, 2018 3:24 PM
>>> To: Blackburn, Scott R.; Sandoval, Camilo J.; Zenooz, Ashwini; Short,
>>> John (VACO); Cox, Tim (VACO)
>>> Subject: Apple vs Cerner
>>>
>>> Apple will not produce an EHR/EMR. It is a health record electronic file cabinet and will likely ultimately align to a commercial EHR. Apple will deliver less than 1% of commercial EHR capabilities. Please don't let people confuse the two. These draft charts may help you with your messaging.
>>> Vr
>>> John
>>>
>>> John H. Windom, Senior Executive Service (SES) Program Executive for
>>> Electronic Health Record Modernization (PEO EHRM) Special Advisor to
>>> the Under Secretary for Health
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>>>
>>>
>>>
>>>
>>> <EHRM Cerner Apple Compare _final.pptx> <Apple App Background and
>>> Questions _final.docx>
